

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

Monitor Site Review Form (For Self-Preparation Sites)

1st Week Review

4th Week Review

(Circle One)

Name of Sponsor				Name of Site			
Date of Review				Site Supervisor			
Dates of Site Operation		Beginning Date		Ending Date			
Type of Site		<input type="checkbox"/> Open		<input type="checkbox"/> Enrolled		<input type="checkbox"/> Camp	
		<input type="checkbox"/> Migrant		<input type="checkbox"/> Other			
Meal Service Reviewed		<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input type="checkbox"/> Supper	
		<input type="checkbox"/> Snack					
Approved Average Daily Participation							
_____ Breakfast		_____ Snack		_____ Lunch		_____ Snack	
_____ Supper		_____ Snack					
Day of Visit		Breakfast		Lunch/Supper		Snack	
Comments							
Number of Meals Prepared							
Number of First Meals Served							
Number of Second Meals Served							
Number of Meals To Program Adults							
Number of Meals to Non-Program Adults							
Number of Meals Leftover							
Food Items Served		Quantity Prepared		Servings Per Unit		Total Amount Available	
Amount Needed		Comments					
				Yes		No	
				NA		Comments	
Does the meal served meet meal pattern requirements?							
Production records are maintained that show the amount of food prepared?							
Foods Served are creditable?							
Food is prepared, handled and served in a sanitary manner?							
Food preparer(s) maintain good personal hygiene and wash hands prior to the meal service?							
Facilities are clean and free from rodents and insects?							

	Yes	No	NA	Comments
Are meals served as a unit?				
Are meals consumed by participants on-site?				
Are meals planned and prepared with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Is required health department certification available for inspection?				
Is an inventory record being kept?				
Are receiving reports and purchase invoices kept?				
Does staffing pattern correspond to that listed on approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
Beneficiary Data				
Indicate the number of participants in attendance in each racial/ethnic category <div> <div>American Indian or Alaskan Native</div> <div>Asian</div> <div>Black or African American</div> <div>Native Hawaiian or Other Pacific Islander</div> <div>Hispanic or Latino</div> <div>White</div> </div>				
Corrective Action Plan:				
Findings:		Corrective Actions:		
Signature of Sponsor Monitor				Date
Site Supervisor Signature				Date